

**New Jersey Civil Service Commission
Hiring/Promotional Freeze Exemption Request**

Department:		Division/Bureau/Institution:
Date of Request:	Requested effective date (if different):	Employee Name:
New Hire: <input type="checkbox"/> Promotion: <input type="checkbox"/> TES: <input type="checkbox"/>		
Proposed Title/Title Code/Range:		Proposed Salary:
Employee's Current Title/Title Code/Range:		Employee's Current Salary:
Position Number:		Account Number:
Current Position RTP Title:		RTP Title Code:
Current Position RTI Title:		RTI Title Code:
Funding Source <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other (please specify)		Type of Position: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hourly <i>Indicate %</i>

Justification

Is there a statutory requirement for this position? <i>If Yes, please specify</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this position require specialized skills or licenses that current staff do not possess? <i>If Yes, please specify</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this position require specialized training that current staff do not possess? <i>If Yes, please specify</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe the mission critical need for this position.		
Briefly describe the duties and responsibilities of the proposed position.*		

I agree with the above statements and request this position to be filled.

Cabinet Officer Signature: _____ Date: _____

FOR CSC USE ONLY:
Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Date: _____

* CSC may request additional information from your agency if necessary (DPF-44, organization charts, etc.)